

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026214

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6889

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Vinita Park	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 8144 Washington	

3. NAME OF DECEASED (Type or print) PHILIPP MUENNIG		4. DATE OF DEATH Month July Day 1st Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-1900
9. AGE (last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Vice-President	10b. KIND OF BUSINESS OR INDUSTRY Valley Steel Products	11. BIRTHPLACE (City and state or country) Hammelbach, Germany	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Peter Muennig	13b. MOTHER'S MAIDEN NAME Anna Kiel	14. NAME OF HUSBAND OR WIFE Meda J. Muennig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT Meda J. Muennig, 8144 Washington
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left hemo thorax		INTERVAL BETWEEN ONSET AND DEATH immediate
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DUE TO (b) rupture of dissecting aneurysm of aorta		DUE TO (c) 451x
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 16 month '59 to 1 July 63 and last saw him alive on 1 July 63 Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Luke A. Knesse MD	22b. ADDRESS 1506 Woodmont Ave	22c. DATE SIGNED 2 July 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-3-1963	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens-St. Louis Co., Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Lupton Chapel, Inc.-St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JUL 2 1963	26. REGISTRAR'S SIGNATURE [Signature]
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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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City Muenning  
Dr. L. Knease 1506 Hodlmont  
Ev-1-5800

102-77-20-1

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.